



BUSINESS LICENSE ZONE CLEARANCE FORM

Community Development Department – Planning Division
125 East College Street • Covina, California 91723 • (626) 384-5450

Staff Use Only

Zone Clearance No:

Zoning District:

A filing fee of \$105.00 for Zoning Verification will be applied toward business license fees. Payment will be collected through HDL prior to business license issuance.

Please Check All That Apply

<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Home-based Business	Start date in Covina:		

Business Operation: ☐ Administrative Office ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Medical/Dental ☐ Service
☐ Professional ☐ Other: _____

Business Name (DBA): _____

Business Address: _____

Contact Name: _____

Phone: _____

Email: _____

Building / Unit Size (In square feet): _____

Description of Business Operation: (Example – list products for sale (retail or wholesale), list products including food products being manufactured, involve any truck deliveries, list types of services being provided, etc.)

Hours of Operations:

Mon – Fri: _____ Sat: _____ Sun: _____

Number of Employees:

FT/PT: _____

Alcohol / Entertainment Information

Yes No

☐ ☐ Will the business offer entertainment (live or non-live) including but not limited to: DJs, amplified music, billiard tables, electronic gaming, Televisions, live bands and/or karaoke? **If yes, explain.**

☐ ☐ Will the business be providing any form of alcoholic beverages?

☐ ☐ Does the business license applicant or any business partner have on-sale or off-sale alcoholic beverage license issued by the California Alcoholic Beverage Control Board? **If yes, License Number:**

Applicant Signature

Applicant Name (Print): _____

Applicant Signature: _____ **Date:** _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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☐ APPROVED ☐ DECLINED ☐ ADDITIONAL APPROVAL REQUIRED

Comments: _____

APPROVED BY: _____ **DATE:** _____